

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Elizabeth S. Alexander* County *Garrett* Maryland

Died at *Flatwoods* Town

Date of death *1909* Month *May* Day *2* Age *70* Years Months *10* Days *18*

Sex *Female* Color or Race *White* Birth-place *Flatwoods*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Widowed* Name of Wife or Husband *William Alexander*

Father's Name *Walter Milburn* Father's Birthplace _____

Mother's Maiden Name *Elizabeth Sibly* Mother's Birthplace _____

Name of person giving information *R. M. Alexander* How related to deceased *Son*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Chronic Bronchitis* *27* How long *Two years*

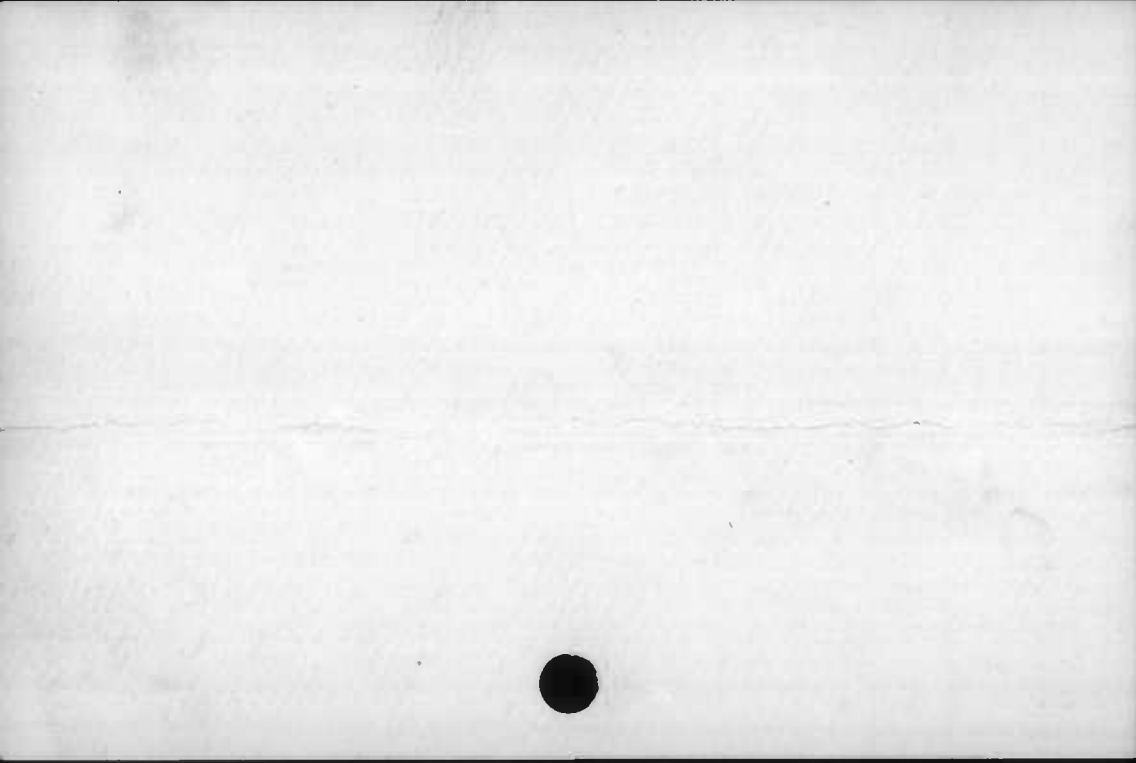
Fibrous Tuberculosis

Immediate *Three years*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Henry W. McComas*

Address *Oakland, Maryland.*

Accident or Suicide? *✓*



Name
in
Full

Child not named Beauman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Accident*

Town

Garrett

County

Date

of death *1909*

Month

May

Day

16

Years

Age

—

Months

—

Days

one

Sex

*Male*Color or
Race*White*Birth-
place*Accident Ind.*

Occupation

*—*Where Residing if not
at place of death*—*Married, Single
or Widowed*—*Name of Wife or
Husband*—*Father's
Name*Philip Beauman*Father's
Birthplace*Maryland*Mother's
Maiden Name*Emma Begly*Mother's
Birthplace*Maryland*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

151

Primary

Premature birth

How long

Immediate

Premature birth by at least one month

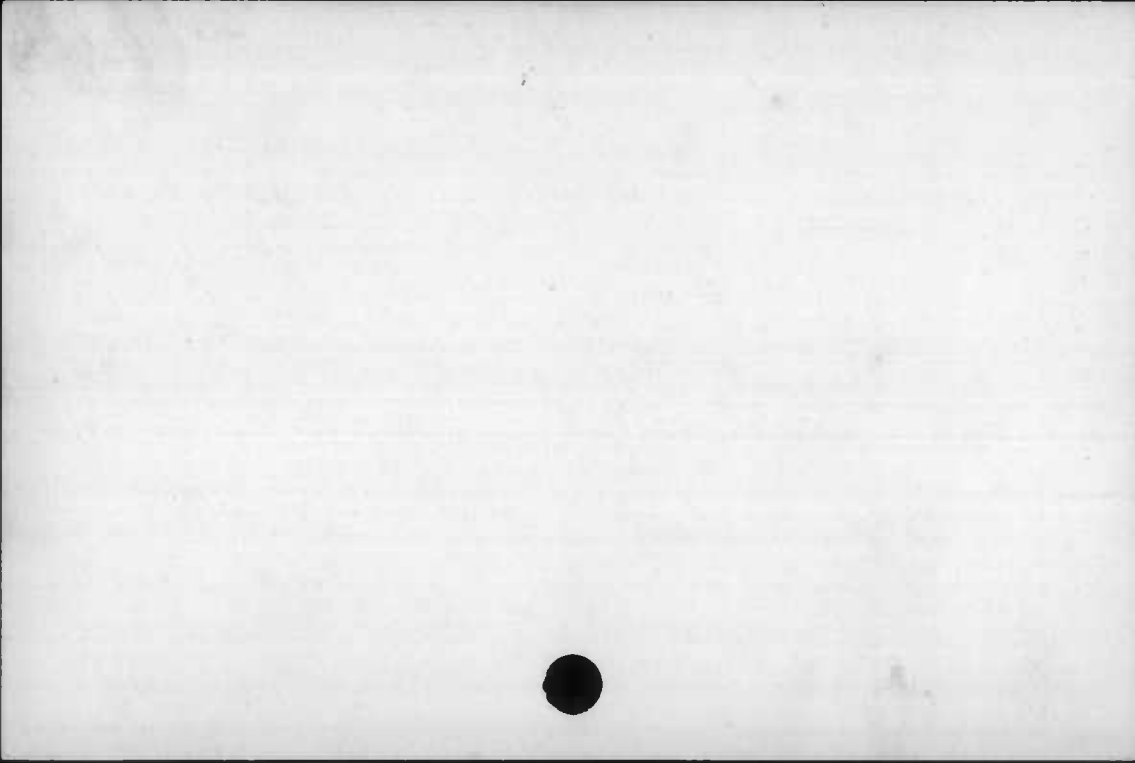
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*B. H. Briscoe*

Address

Accident Ind.

Accident or Suicide?



Name
in
Full

Alvin Lewis Beitzel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

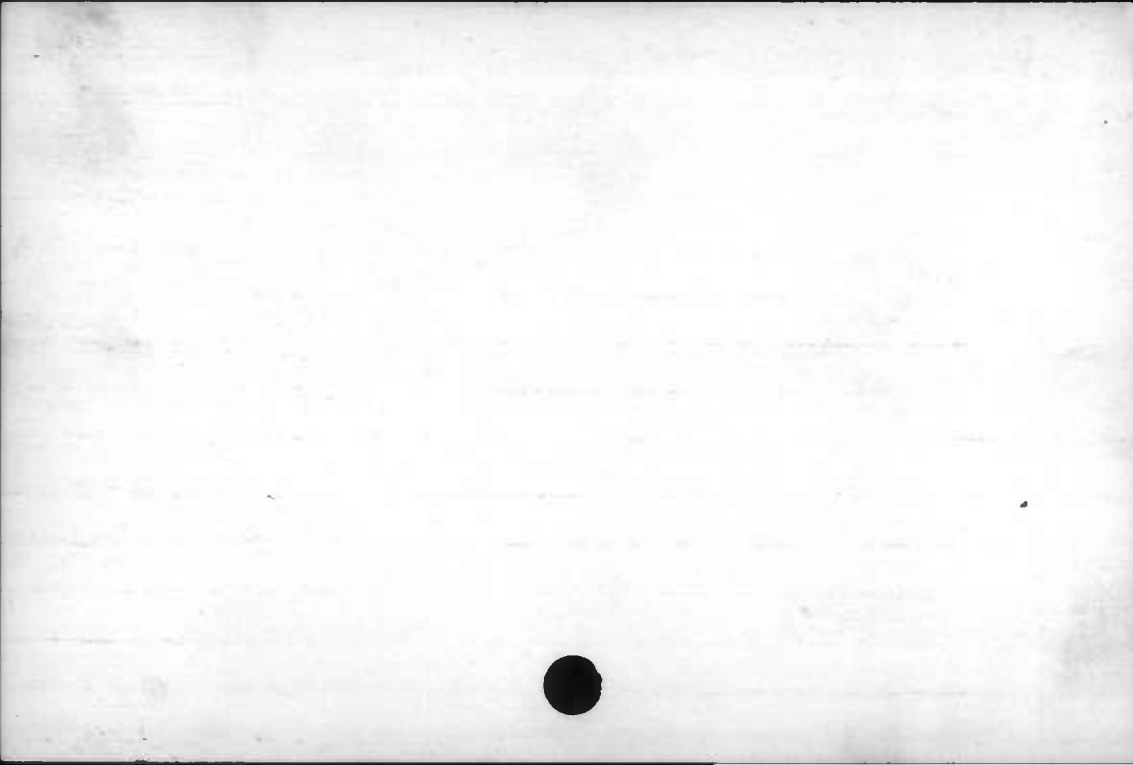
Died at *Bettinger* Town*Garrett* CountyDate of death *1909* Month *May*Day *17*Age *—* YearsMonths *2*Days *20*Sex *Male*Color or
Race *White*Birth-
place *Bettinger Ind.*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *Daniel Beitzel*Fether's
Birthplace *Maryland*Mother's
Meiden Name *Annie Schrock*Mother's
Birthplace *Pennsylvania*Name of person giving
In formation *Daniel Beitzel*How related
to deceased *Father*

CAUSES OF DEATH

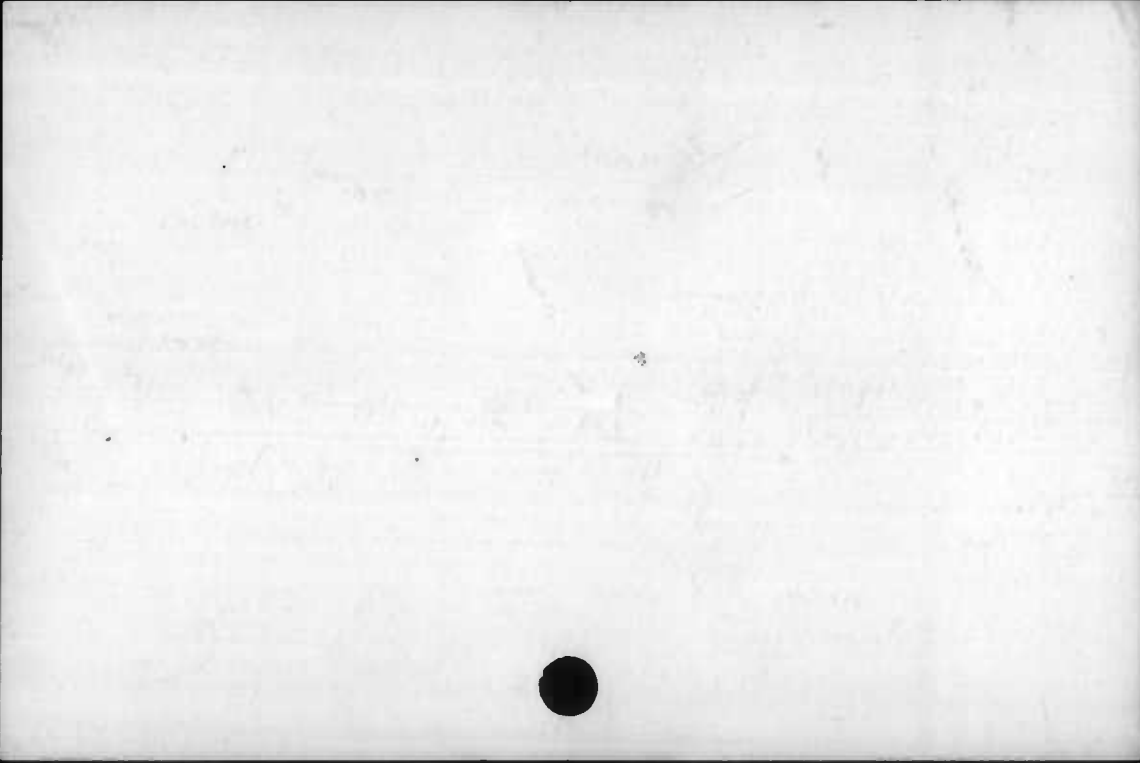
90

Primary *Cold on chest*How long *about one week*Immediate *Bronchitis*How long *Five days that I know of*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *B. W. Buscove M.D.*Address *Accidents
Garrett Co
Maryland*

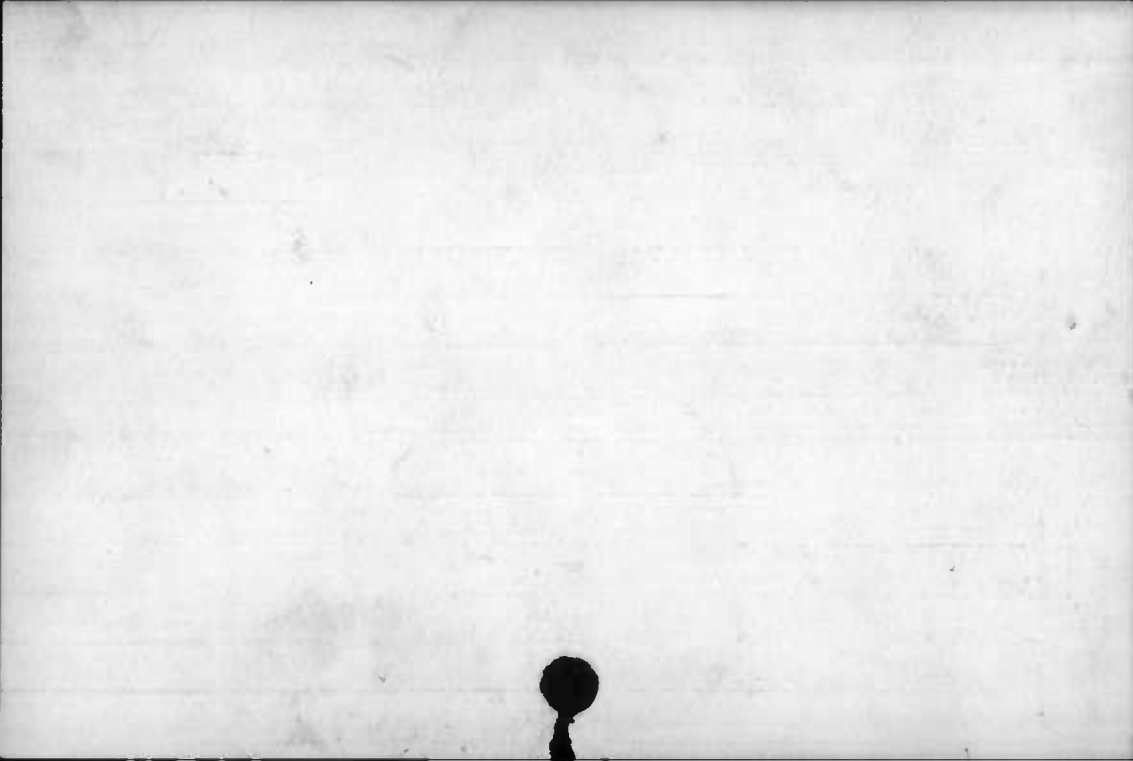
Accident or Suicide?



Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Near Deer Park</i>				<i>Garrett</i>		MARYLAND			
		Date of death <i>1909</i>		Month <i>May</i>	Day <i>18</i>	Age <i>84</i>	Years	Months <i>one</i>	Days <i>18</i>		
		Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>England</i>					
		Occupation <i>Farmer</i>			Where Residing if not at place of death						
		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Hannah Stevens</i>							
		Father's Name <i>John</i>		Father's Birthplace <i>England</i>							
		Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>England</i>							
		Name of person giving In formation <i>Hannah Edwards</i>		How related to deceased <i>wife</i>							
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center; border: 2px solid black; border-radius: 50%; width: 100px; margin: 0 auto; padding: 10px;">93</div>											
PHYSICIAN OR CORONER		Primary <i>Pneumonia</i>				How long <i>ten days</i>					
		Immediate				How long					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>J. W. Laughlin</i>					
						Address <i>Deer Park Md</i>					
		Accident or Suicide?									



Name in Full <i>Bertram Griffith</i>		CERTIFICATE OF DEATH	
Died at <i>Cowland</i> Town <i>Barnett</i> County		MARYLAND	
Date of death	Month <i>May</i>	Day <i>29</i>	Age <i>66</i> Years <i>10</i> Months <i>10</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Ireland</i>	
Occupation <i>Civil Engineer</i>	Where Residing if not at place of death <i>Cowland</i>		
Married, Single <i>Married</i>	Name of Wife or Husband <i>Mary</i>		
Father's Name <i>John Griffith</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Nellie</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Nellie Kelling</i>	How related to deceased <i>Daughter</i>		
CAUSES OF DEATH			
Primary <i>Permyeosis</i>	How long <i>2 weeks</i>		
Immediate	How long		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. [Signature]</i>		
	Address <i>Cowland</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

John R Kerfoot-

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

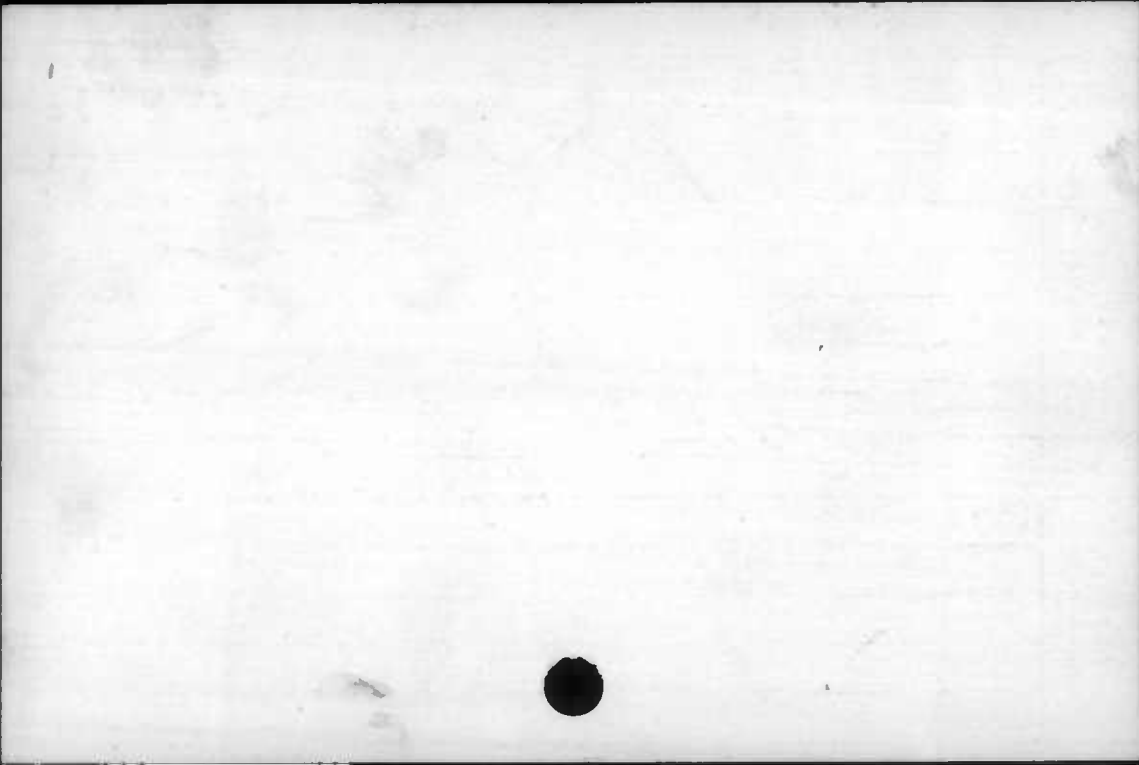
Died at <i>Mt. L. Park</i>		Town <i>Garretts</i>		County	
Date of death <i>1904 May</i>		Month <i>24</i>		Day <i>74</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>U. S.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Mt. L. Park</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Pough</i>			
Father's Name <i>Wm Pough</i>		Father's Birthplace <i>U. S.</i>			
Mother's Maiden Name <i>Matilda</i>		Mother's Birthplace <i>Garretts Co</i>			
Name of person giving information <i>Mrs. Schenk</i>		How related to deceased <i>No relation</i>			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma ? Hepatic</i>	How long	<i>Four months</i>
Immediate	<i>Asthma</i>	How long	<i>Sup. Mo.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. W. Thomas</i>
		Address	<i>Oakland Md</i>
Accident or Suicide?	<i>✓</i>		



Name
in
Full

Engine King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

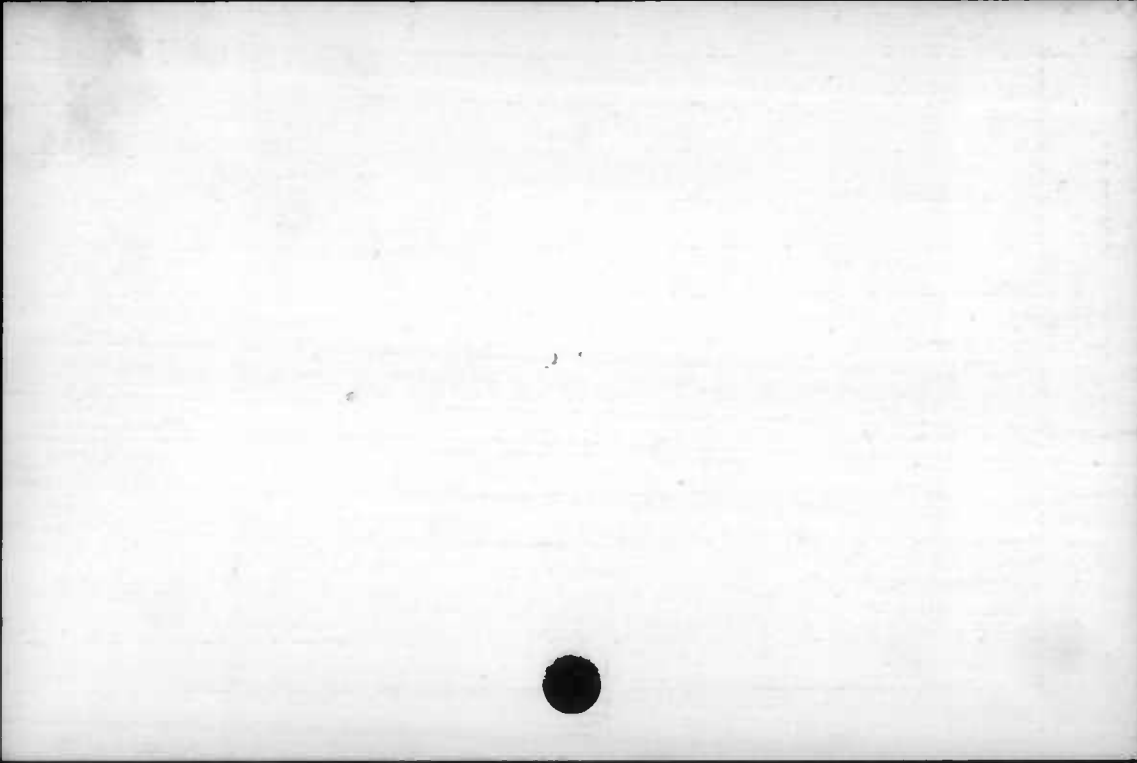
Died at <i>near Gorman</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>23</i>		Age	
Sex <i>male</i>		Color or Race <i>white American</i>		Birthplace <i>King Harm near Gorman</i>		Months <i>Four</i> Days <i>Two</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name <i>J. W. King</i>		Father's Birthplace <i>W. Va</i>					
Mother's Maiden Name <i>Lottie Wilderson</i>		Mother's Birthplace <i>Garrett Co.</i>					
Name of person giving information <i>Lottie King</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>		How long <i>One week</i>	
Immediate <i>Cerebro spinal Complication</i>		How long <i>One week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Henry W. Thomas</i>	
		Address <i>Oakland, Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Salisbury* Town*Garrett* CountyDate of death *1909* Month *May*Day *9*Age *77* YearsMonths *9*

Days

Sex *Female*Color or Race *White*
*Scotch*Birth-place *Scotland*Occupation *Miners wife*Where Residing if not
at place of deathMarried, Single or Widowed *Widowed*Name of Wife or
Husband *Not known*Father's
Name *Not known*Father's
Birthplace *Scotland*Mother's
Maiden Name *Not known*Mother's
Birthplace *Scotland*Name of person giving
Information *Geo Foote*How related
to deceased *Parents*

CAUSES OF DEATH

154

Primary *Old age*

How long

Immediate *Heart failure*

How long

*a few hours*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Dr. H. H. Friend*Address *Local Board of Health*
*Frederickville Md*PHYSICIAN
OR CORONER*No Physician in attendance*

Accident or Suicide?

This certificate was filled and
sent me by James Guard
Justice of the Peace and
I signed it as shown on
face. There being no Physician
in attendance. Wm H. Friend

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Moses Lee

Town

County

MARYLAND

Died at

Stickens Sidiny

Garrett

Date

of death

1909 May 19

Age 56

Unknown Unknown

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of death

"

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Edith Skiles

Father's
Name

J. W. Lee

Father's
Birthplace

Maryland

Mother's
Meiden Name

Emily Pugh

Mother's
Birthplace

"

Name of person giving
Information

Self

How related
to deceased

Son

CAUSES OF DEATH

166

Primary

falling of a tree

How long

instantly

Immediate

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. L. McRobie

Address

Swanton, Mo

Accident or Suicide

Accident

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Stephen Magruder

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Barton</i>		County <i>Garratt</i>		MARYLAND	
Date of death	1909	Month	May	Day	26
Age	48	Years		Months	11
Sex	male	Color or Race	white	Birth-place	Allegheny Co
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	James Magruder			Father's Birthplace	Allegheny Co
Mother's Maiden Name	Jane Bernard			Mother's Birthplace	Allegheny Co
Name of person giving Information	Winifred Durst			How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>One week</i>
Immediate	<i>Probably Liver abscess</i>	How long	<i>two days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. A. Boucher</i>
		Address	<i>Barton Ind</i>
Accident or Suicide			



Name
in
Full

Hugh McMillan Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>#11 - 1st</i> Town		County <i>Garrett</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>8</i>	Years <i>90</i>	Months <i>8</i>	Days <i>19</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
Occupation <i>Doctor - Surgeon</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Margaret Smith (deceased)</i>				
Father's Name <i>Hugh McMillan</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Annie Main</i>	Mother's Birthplace <i>Scotland</i>				
Name of person giving information <i>Hugh McMillan Jr.</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

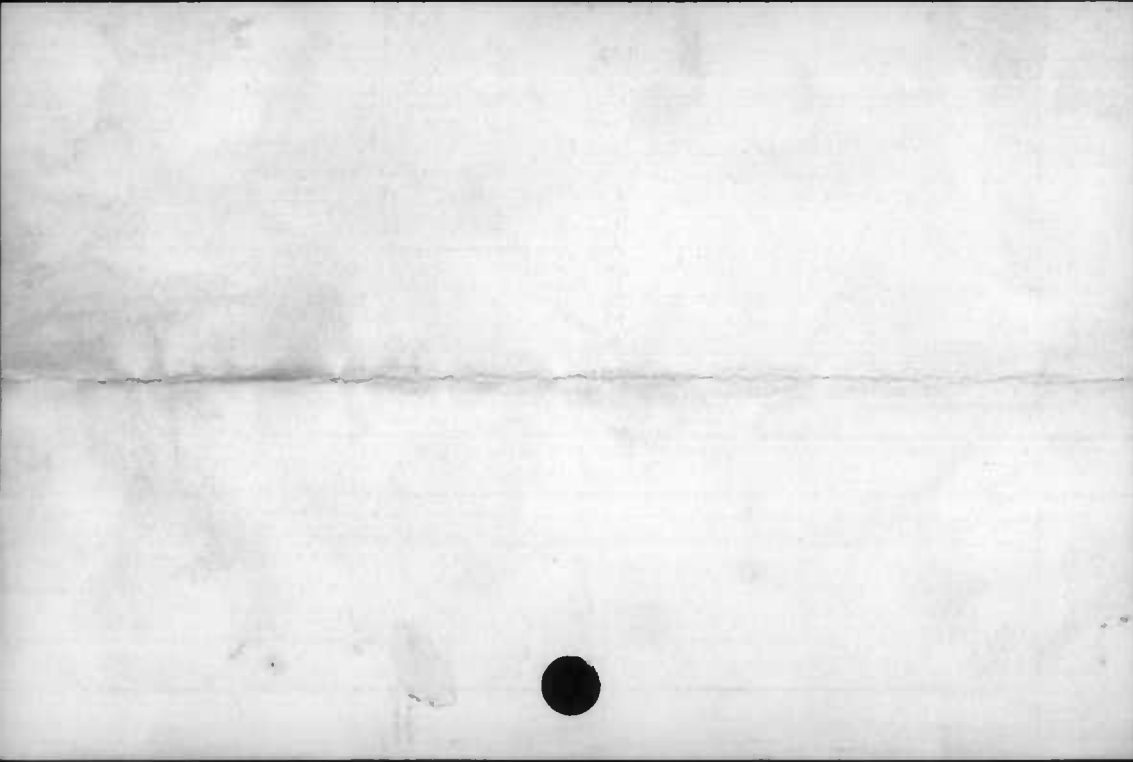
10

PHYSICIAN
OR CORONER

Primary <i>Sa. triph. - Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Heart failure</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock M.D.</i>
	Address <i>Sonacoring</i>
Accident or Suicide? <i>no</i>	<i>Maryland</i>



Name in Full Jermiah M. Miller		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Read House <small>Town</small> Garrett <small>County</small>		MARYLAND
	Date of death 1909 <small>Month</small> May <small>Day</small> 14 <small>Years</small> 78 <small>Months</small> 7 <small>Days</small>		
	Sex Male <small>Color or Race</small> White <small>Birth-place</small> Pa.		
	Occupation Farmer <small>Where Residing if not at place of death</small>		
	Married, Single or Widowed Widowed <small>Name of Wife or Husband</small> Anna Fike.		
	Father's Name Jacob R. Miller <small>Father's Birthplace</small> Pa.		
Mother's Maiden Name Elizabeth Murry <small>Mother's Birthplace</small> Pa.			
Name of person giving information Samuel Miller <small>How related to deceased</small> Son.			
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Nephritis <small>How long</small> 120 yrs		
	Immediate Heart Failure - Emphysema <small>How long</small>		
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Arnold A. Scher	
		Address Eglon	
	Accident or Suicide? _____	Mr. G.	



Name
in
Full

CERTIFICATE OF DEATH

Rosana Barbara Miller

MARYLAND

Died at ^{Town} Accident^{County} Garrett

Date of death 1909 May

Day 20

Age 5-1

Months 3

Days 23

Sex Female

Color or Race White

Birth-place Maryland

Occupation Domestic

Where Residing if not at place of death

~~Married, Single~~
~~Widowed~~

Name of Wife or Husband

John W. Miller (deceased)

Father's Name Christian Shosnozel

Father's Birthplace Maryland

Mother's Maiden Name Benjaminia (last name unknown)

Mother's Birthplace Germany

Name of person giving information Conrad Schmale

How related to deceased Brother-in-law

CAUSES OF DEATH

93

Primary Bad cold

How long a few days

Immediate Pneumonia

How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

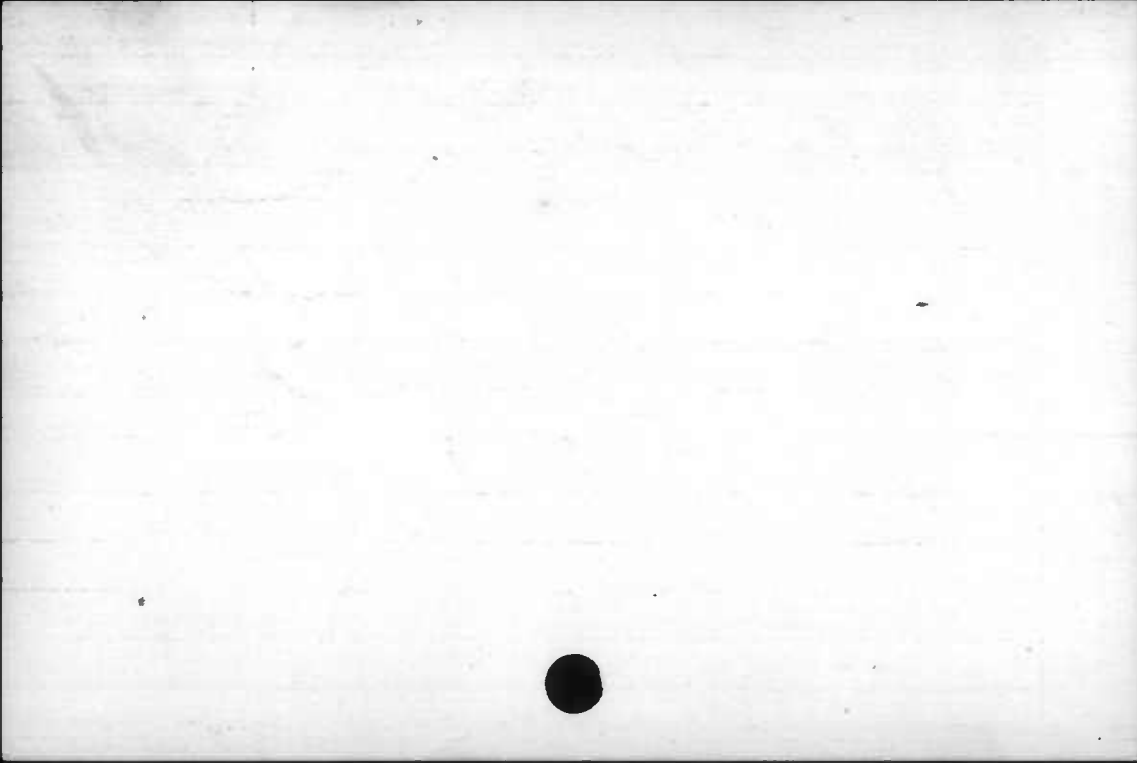
Signature of Physician

Address

B. W. Basine M.D.
Accident Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *McHenry* Town *Garrett* CountyDate of death *1909* Month *May* Day *24* Age *—* Years *—* Months *6* Days *16*Sex *Female* Color or Race *White* Birth-place *Maryland*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Michael Philip Smith* Father's Birthplace *Maryland*Mother's Maiden Name *Annie Englehart* Mother's Birthplace *Maryland*Name of person giving information *Philip M. Smith* How related to deceased *Uncle*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONERPrimary *Her mother had a gathered breast and child nursed the breast*How long *about one month*Immediate *Mammary*How long *about 3 weeks*

Are the name, age, sex, color, date and place correctly given above?

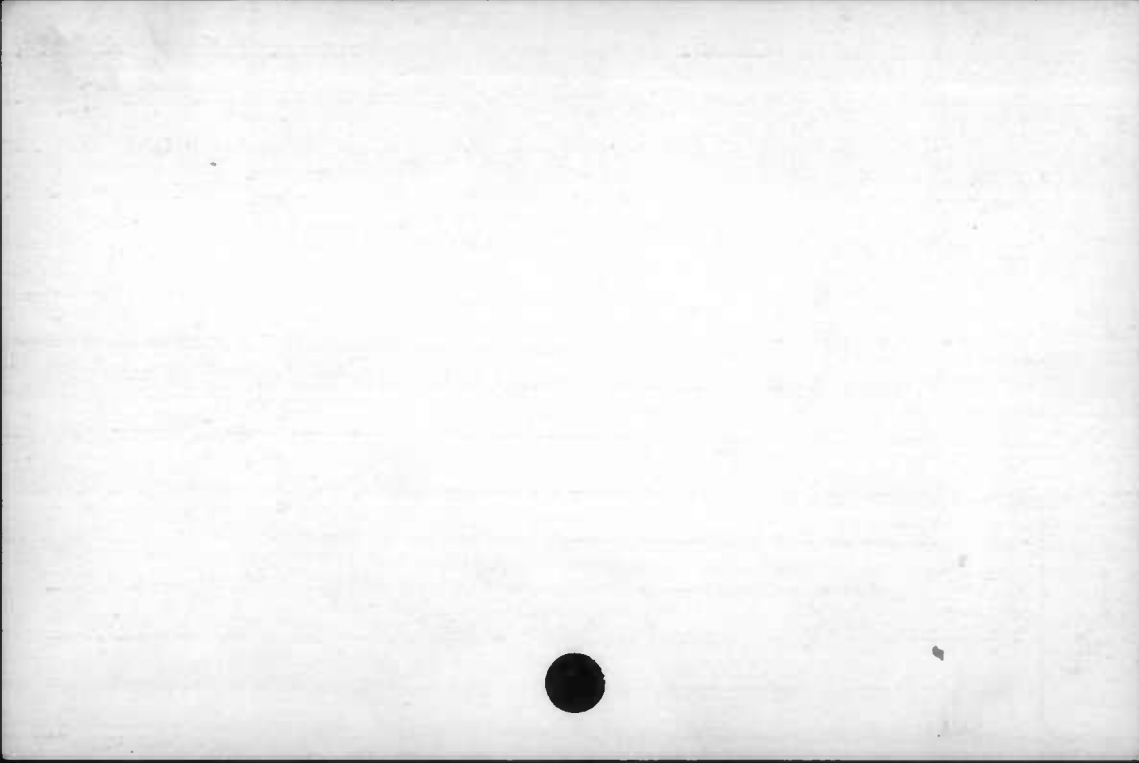
yes

Signature of Physician

Address

B. W. Briscoe M.D.
Accident Ind.

Accident or Suicide?



Name
In
Full

Lena Tasker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

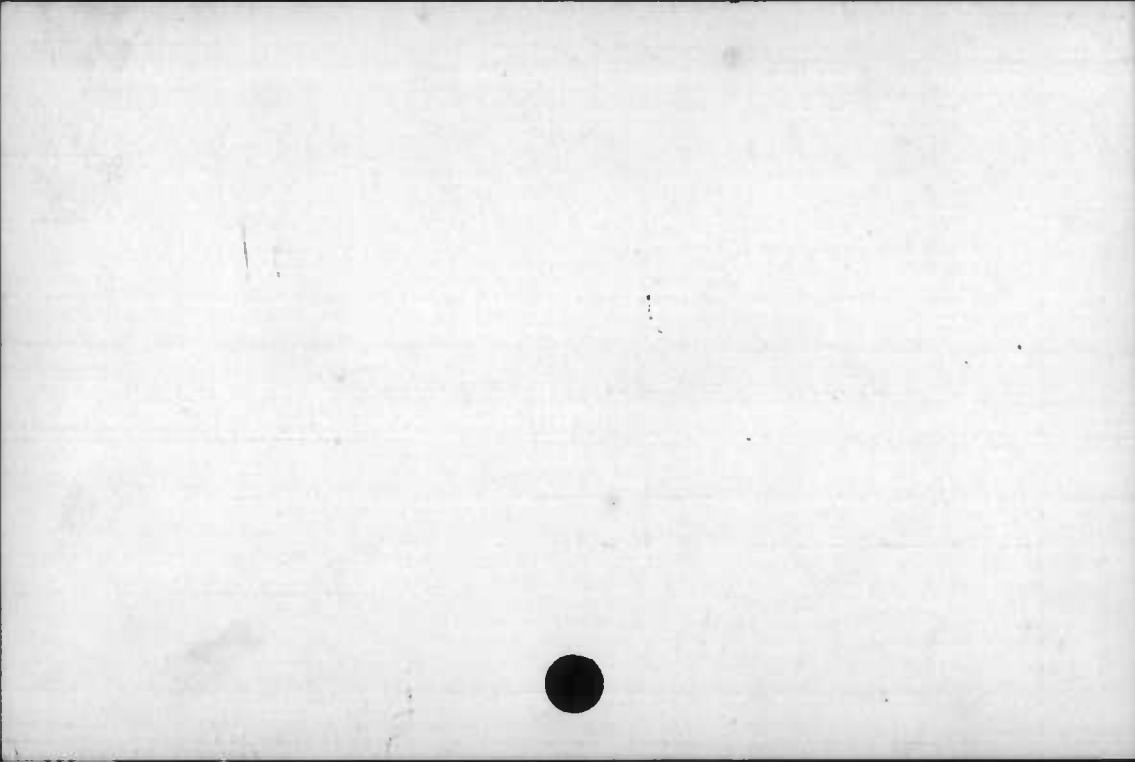
Died at <u>Shreefork</u> <small>Town</small>		<u>Goralt</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	Month <u>May</u>	Day <u>14</u>	Age <u>5</u>	Months <u>8</u>	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Goralt Co</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Child</u>		Name of Wife or Husband			
Father's Name <u>Osmer Tasker</u>			Father's Birthplace <u>Goralt Co</u>		
Mother's Maiden Name <u>Mrs S. Switzer</u>			Mother's Birthplace <u>Goralt Co</u>		
Name of person giving information <u>James Jenkins</u>			How related to deceased <u>niece</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long
Immediate <u>cholel</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. P. C. Ireland</u>
	Address <u>Ritzmuller</u>
	<u>md</u>
Accident or Suicide?	



Name
in
Full

Lenza Lewis Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Luxanton</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>12</i>	Age <i>1</i>	Months <i>5</i>	Days <i>22</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Thurfork</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Ashton Tasker</i>		Father's Birthplace <i>Luxanton</i>			
Mother's Maiden Name <i>Malinda Lwitzer</i>		Mother's Birthplace			
Name of person giving information <i>Colman Tasker</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pneumonia and peritons</i>	How long <i>1 week</i>
	Immediate <i>choked to death</i>	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H P G Ireland</i>
		Address <i>Beitzmiller Ma</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Threepert</i> Town <i>Gorriatt</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>15</i>	Age <i>4</i> Years Months <i>3</i> Days <i>8</i>
Sex <i>Male</i>	Color or Race	Birth-place	
Occupation <i>Child</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Child</i>	Name of Wife or Husband		
Father's Name <i>Osmer Foster</i>	Father's Birthplace <i>Gorriatt Co</i>		
Mother's Maiden Name <i>Melinda Surfer</i>	Mother's Birthplace <i>Gorriatt Co</i>		
Name of person giving information <i>James Junkins</i>	How related to deceased <i>nephew</i>		

CAUSES OF DEATH

8

How long

PHYSICIAN
OR CORONER

Primary <i>Pneumonia and pertussis</i>	How long
Immediate <i>strangled</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. P. Copeland</i>
	Address <i>Kitzmiller Rd</i>
Accident or Suicide?	

From Jenkins and Charles

Name
in
Full

Sarah C. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wilson</u> Town		<u>Ganett</u> County		MARYLAND	
Date of death	<u>1909</u> Month <u>May</u>	Day <u>21</u>	Age <u>62</u> Years	Months <u>Unknown</u>	Days <u>Unknown</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Preston Co. W. Va.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>Wilson</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>James P. Wright</u>			
Father's Name <u>John Hewitt</u>			Father's Birthplace <u>West Va.</u>		
Mother's Maiden Name <u>Katherine Stump</u>			Mother's Birthplace <u>West Va.</u>		
Name of person giving information <u>James P. Wright</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Unknown</u>	How long	<u>Unknown</u>
Immediate	<u>Heart Failure</u>	How long	<u>Unknown</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>James E. Hurley</u>	
<u>Deceased was unattended by any physician & was found</u>		Address <u>Deer Park Ind.</u>	
Accident or Suicide? <u>deed at her home, by her husband,</u>		<u>who ate supper with her the previous evening</u>	

